

Thursday, March 28, 2024 at 11:35:13 Central Daylight Time

Subject: Complaint of Lisa Carvajal vs. The University of Texas Rio Grande Valley
Date: Wednesday, September 21, 2022 at 11:31:15 PM Central Daylight Time
From: John Millin
To: eeintake@twc.texas.gov
Attachments: 2022-09-21 Carvajal TWCCRD Complaint.pdf
To Whom it May Concern,

Attached please find the Employment Discrimination Complaint Form filed on behalf of Lisa Carvajal. Thank you for your attention to this matter.

Best,

John Millin
Attorney Representing Lisa Carvajal

Exhibit "A"

EMPLOYEE DISCRIMINATION COMPLAINT FORM
Texas Workforce Commission Civil Rights Division (TWCCRD)

Please return this form by:

Mail: 101 East 15th Street, Room – Guadalupe/CRD, Austin, TX 78778

Email: EEOIntake@twc.state.tx.us

Telephone: (888) 452-4778 **or**

Fax: (512) 463-2755 (Please include a cover sheet with your name and the total # of pages included.)

Case # **245C00144** Document ID: **1080** on 04/04/24 in TXSD Page 2 of 3

TWCCRD# _____

EEOC# _____

Submitting this Complaint Form DOES NOT represent filing a formal Charge of Discrimination

Please indicate if you have previously filed this complaint with any of the agencies below:

- ☐ Texas Workforce Commission Civil Rights Division (TWCCRD)
☐ Equal Employment Opportunity Commission (EEOC)
☐ City of Austin Equal Employment and Fair Housing Office
☐ Corpus Christi Human Relations Division
☐ Fort Worth Human Relations Department

DATE RECEIVED (For Office Use Only):

Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call us at (888) 452-4778. (Ofrecemos asistencia en Español)

Complainant Full Name: Lisa Carvajal

Address Line 1: 2020 Mynah Ave.

Address Line 2:

City/State/Zip: McAllen, TX 78504

Home Phone #:

Other Phone #: (956) 588-7242

Email: lcarvajal4006@hotmail.com

Preferred Form of Contact: (Please check)

☒ E-mail ☐ Telephone

Complainant Representative (Optional): *(If you are represented by an attorney, please have them submit a letter of representation):*

John A. Millin IV - Millin & Millin PLLC

Address Line 1: 4107 N. 22nd St.

Address Line 2:

City/State/Zip: McAllen, TX 78504

Phone #: (956) 631-5600

Fax #: (956) 631-5605

Email: john@millinmillin.com; joanna@millinmillin.com

Date Hired:
Position held: Assistant Men's & Women's Tennis Coach
Still employed? ☐ Yes ☒ No

Name of Employer HR Personnel Officer/EEO/CEO/Owner/Legal Counsel:

Mike James, Chief Human Resources Officer

Email: mike.james@utrgv.edu

Name of Employer *(Please be sure to give the complete company name and address where you physically worked below).*
 The University of Texas Rio Grande Valley Department of Intercollegiate Athletics

15 or more employees:

☒ Yes ☐ No

Employer Address:
Address Line 1: 1201 West University Drive
Address Line 2:
City/State/Zip: Edinburg, TX 78539
Phone #: (956) 665-2261
Email: vclub@utrgv.edu

Employer Headquarters Address:
Address Line 1: 1201 West University Drive
Address Line 2: Maryalice Shary Shivers Building room 2.126
City/State/Zip: Edinburg, TX 78539
Phone #: (956) 665-2451
Email: hr@utrgv.edu

BASIS: I believe I have been discriminated against in violation of state law (Texas Labor Code, Chapter 21) and federal law (ADEA, GINA, Title VII, ADA, as follows:

☐ **Age** *(You must be 40 years of age or older to qualify):*

Date of Birth:

____/____/____

Month/day/year

Age at time of incident:

☐ **Color** *(Based on skin color):*

☐ Black

☐ Brown

☐ White

☐ Other:

☐ **Disability:**

☐ Disabled

☐ History of disability

☐ Regarded as disabled

(Pregnancy is NOT a disability unless you are regarded as disabled.)

Please mark ONLY the basis (protected class) you believe were the reasons you were discriminated.

☐ **GINA**
 (Genetic Information Non-discrimination Act)

☐ **National Origin:**

☐ African-American

☐ Anglo/Caucasian

☐ East Indian

☐ Hispanic

☐ Mexican

☐ Other:

☐ **Race:**

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

☐ Black

☐ White

☐ Other:

EXAMPLE: If your treatment was because of your race, then check ONLY the box by your race.

☐ **Religion:**

☐ Baptist

☐ Catholic

☐ Jewish

☐ Muslim

☐ Other:

☐ **Retaliation:**

☐ Assisted another filing discrimination

☐ Filed a complaint of discrimination

☐ Participated in discrimination investigation.

ON THIS DATE:

____/____/____

Month/day/year

☐ **Sex:**

☒ Female

☐ Female/Pregnancy

☐ Male

☒ Sexual Orientation

☐ Gender Identity

☐ Demotion (D1)
☒ Discharge (D2)
☐ Discipline (D3)
☐ Harassment (H1)
☐ Hiring (H2)

☒ Layoff (L1)
☐ Promotion (P3)
☐ Reasonable Accommodation (R6)
☐ Severance Pay (B5)
☐ Sexual Harassment (S4)

☒ Suspension (S5)
☐ Terms & Conditions (T2)
☐ Training (T4)
☐ Wages (W1)
☐ Other:

**The following questions are regarding the employment harms or actions taken against you.
(Each incident must be within 180 days of the date you submit your complaint to the TWCCRD.)**

DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)

Earliest (Month/Day/Year)

02 / 15 / 2022

Latest (Month/Day/Year)

03 / 25 / 2022

☐ CONTINUING ACTION

Name and Position Title of person(s) who did the harm:

West Nott, Head Women's Tennis Coach

Chasse S. Conque, VP and Director of Athletics

(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you:)

Males

Did you complain of discrimination to your employer? ☐ Yes ☒ No

If Yes, date of complaint: ____ / ____ / ____ (Month/Day/Year)

Name and Position Title of person(s) you complained to:

Explain why you believe the employment harm(s) and/or action(s) were discriminatory:

I believe the employment harm and/or action was discriminatory because it was a direct result of my gender and/or sexual orientation. A male assistant coach would not have been put in the position in which the claimant was placed and would not have been terminated as a result.

Employer's reason for its action:

Unknown.

Are there other employees treated more fairly than you? ☒ Yes ☐ No

If Yes, please provide the information below:

Full Name and Position Title

All other assistant tennis coaches.

(If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)

The other assistant coaches are men.

What are you seeking as a resolution to your case? I am seeking financial compensation for the damages I have endured during and after serving as assistant men's and women's tennis coach at UTRGV.

What is the most convenient method to contact you:

☒ Email:

☐ Telephone: ()

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